

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **620**

FILED FEB 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>El Dorado Springs</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 2</u>				0200	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>			b. (Middle) <u>F</u>		c. (Last) <u>ORDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15 1908</u>		9. AGE (In years last birthday) <u>47</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor & farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbyville</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fredrick Orden</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Smoker</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel Orden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-32-7885</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Orden</u>		ADDRESS <u>El Dorado Springs</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>general examination</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic Anaplastic Carcinoma</u> <u>Primary site unknown</u> DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1999</u>							
19a. DATE OF OPERATION <u>April 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Laminectomy done - metastatic Ca. found</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug 29, 1955</u> , to <u>Feb 8, 1956</u> , that I last saw the deceased alive on <u>Feb 8, 1956</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert R. Mager M.D.</u>				23b. ADDRESS <u>El Dorado Springs, Mo.</u>			23c. DATE SIGNED <u>2-9-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-11-56</u>		REGISTRAR'S SIGNATURE <u>George W. Mager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sturim</u>		ADDRESS <u>El Dorado Springs</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1956

FEB 27 1956

JUN 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Floyd C. Cunniff*

Licensed Embalmer No. *4417*

P. O. Address *Edwards*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.